



Supplemental Application Data Sheet

**Application Information**

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | Regular                                   |
| Subject Matter::                    | Utility                                   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None                                      |
| Number of CD disks::                |   |
| Number of Copies of CDs::           |   |
| Sequence Submission?::              | None                                      |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | SUBCUTANEOUSLY IMPLANTABLE<br>ACCESS PORT |
| Attorney Docket Number::            | 0584-1011                                 |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          |   |
| Total Drawing Sheets::              | 2   |
| Small Entity?::                     | No  |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent<br>Appl.?:: | No  |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MICHEL  
Middle Name::  
Family Name:: BUNODIERE  
Name Suffix::  
City of Residence:: NEUILLY-SUR-SEINE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing C/O CLINIQUE HARTMANN  
Address:: 26, BOULEVARD VICTOR HUGO  
City of Mailing Address:: NEUILLY-SUR-SEINE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92200

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GUY  
Middle Name::  
Family Name:: NADAL  
Name Suffix::  
City of Residence:: POITIERS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 8, RUE CONDORCET  
Address::  
City of Mailing Address:: POITIERS

City of Mailing Address:: POITIERS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 86000

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

|                                     |        |
|-------------------------------------|--------|
| Representative Customer<br>Number:: | 000466 |
|-------------------------------------|--------|

**Domestic Priority Information**

| Application:: | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|---------------|----------------------|-------------------------|-------------------------|
|               |                      |                         |                         |
|               |                      |                         |                         |

**Foreign Priority Information**

| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE    | 02 13386                | 10/25/02      | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::